

# **Exhibit I**

**In the Matter Of:**

*ERIC WRIGHT vs  
UNITED STATES*

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*SHEA MCMANUS, M.D.*

*October 03, 2016*

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1 Q Is that noted anywhere in your records?

2 A I don't recall.

3 Q You don't recall?

4 A I can look, sir.

5 Q Please look.

6 (Pause to Review Document.)

7 A I don't see any note of that.

8 Q How would you describe Mr. Wright's mobility on  
9 August 2nd, 2014, when you examined him?

10 A Unsteady.

11 Q Was he a fall risk?

12 A Possibly.

13 Q Did you provide Mr. Wright with any instructions to  
14 lessen his fall risk, whether it was possible or not?

15 A Yes.

16 Q What did you specifically tell him?

17 A "Stay on the stretcher."

18 Q Was he transferred for the x-rays on the stretcher,  
19 to your knowledge?

20 A I don't recall.

21 Q Whose responsibility is it to determine how he's  
22 transferred from the VA Hospital to Holy Family Hospital  
23 insofar as the type of transportation and whether he's on  
24 a stretcher or in a wheelchair or walking?

25 MS. MITCHELL: Just a point of clarification,

1 are you talking about the x-rays that he had of his leg  
2 at the VA or the imaging studies that he had at Holy  
3 Family? I'm getting confused.

4 MR. EYMANN: Good -- good question, counsel.

5 Q (By Mr. Eymann) Okay. In either situation, were you  
6 the one who decided whether he would be transferred by  
7 stretcher, wheelchair or walking?

8 A I don't recall. I don't know whose responsibility it  
9 is.

10 Q Well, typically in the hospital setting, when you're  
11 seeing someone like Mr. Wright for the complaints that he  
12 had, is that a physician decision or is that a nurse  
13 decision or --

14 A My choice was by stretcher and ambulance to and from  
15 Holy Family.

16 Q Can I conclude from that that you had some concern  
17 then about him walking?

18 A Yes.

19 Q And that was because you considered him being a fall  
20 risk; is that correct?

21 MR. VERSCHOOR: Just object. Misstates his  
22 testimony.

23 A Not necessarily the only reason.

24 Q (By Mr. Eymann) Well, if there were other reasons,  
25 what would the other reasons have been?

1 A Dislodgement of a DVT.

2 Q And the acronym you just used is what?

3 A Deep venous thrombosis.

4 Q And so you were concerned that a clot could be --

5 would go to the lung; is that correct?

6 A Possibly, yes.

7 Q Are you acquainted with the medication Enoxaparin?

8 A In what sense?

9 Q Well, did you have that administered to Mr. Wright,

10 I'll start with that, on August 2nd, 2014?

11 A Yes.

12 Q And what was the reason for it?

13 A Sub-therapeutic INR, concern for DVT, atrial

14 fibrillation.

15 Q Are you acquainted with any of the side effects of

16 that particular medication?

17 A Hypercoagulable state from ureteral cancer.

18 Q Any others --

19 A (Shakes head).

20 Q -- that you're aware of --

21 A No.

22 Q -- from either your memory or from the medical

23 records?

24 A I'd like to go back. I don't think you --

25 Your question was about, I'm sorry, Lovenox.

1 A The patient went to Holy Family.

2 Q Did you meet with him when he was returned from Holy  
3 Family?

4 A No.

5 Q Do you remember having any discussion with him before  
6 he went to Holy Family that when he came back he was  
7 going to be admitted to the hospital?

8 A Yes.

9 Q Why didn't you admit him to the hospital before he  
10 left to go to Holy Family?

11 A Because if he has a DVT I need to know. And the  
12 hospitalist would not admit him to the hospital unless he  
13 had that evaluation prior to the admission process.

14 Q When he returned, was the DVT concern positive or  
15 negative?

16 A I don't know. I was gone.

17 Q I note that on the page 24 that Dr. Medford Cashion  
18 acknowledged your entry above that; is that correct?

19 A He acknowledged my whole note.

20 Q All right. At any time that day did you have any  
21 verbal discussions with Dr. Cashion about what you wanted  
22 to do with Mr. Wright insofar as admission or discharge?

23 A Yes. In addition to a written electronic note  
24 transfer hand off, I had a verbal hand off with Dr.  
25 Cashion as well, which is protocol for any ER physician

1 or any physician in any hospital --

2 Q Do you remember --

3 A -- setting.

4 Q -- what you told Dr. Cashion?

5 MS. MITCHELL: Can you let him finish his  
6 answer? If you were done.

7 Q (By Mr. Eymann) I'm sorry.

8 A I told Dr. Cashion my findings, my concerns and my  
9 plan for admitting Dr. -- Mr. Wright to the hospital for  
10 further evaluation and management.

11 Q Was your plan to admit dependent upon the results  
12 coming back from Holy Family for DVT concern?

13 A No.

14 Q So your plan was to admit him regardless; is that  
15 correct?

16 A Yes.

17 Q And is it my understanding that as far as you knew  
18 Dr. Cashion agreed with that plan?

19 MR. O'HALLORAN: Object to the form.

20 A Dr. Cashion made it clear that he understood what I  
21 was telling him and accepted the patient's care from me.

22 Q (By Mr. Eymann) Did you have any discussions with  
23 any of the nurses regarding these issues?

24 A Which issues?

25 Q Well, the issues of whether he would be admitted or